# TANTEER PAKHTUHKHANA ISSUE #: 01

#### **QAZI HUSSAIN AHMAD MEDICAL COMPLEX**

(Medical Teaching Institution)

#### **HUMAN RESOURCE**

#### **Employment Form (Non-Doctors)**





#### Employment Form (Non-Doctors)

Doct /	annlind	IFor <u>:</u>	РНОТО
		t Slip No: Date:	
Instruc	tions:	This application form, duly completed should be submitted to the HR Depart Hussain Ahmed Medical Complex Nowshera before the due date along-with:-	ment, Qazi
	i. ii. iii. iv.	Attested photocopies of all requisite documents along with CNIC and Passport size Pic Persons already in employment should submit their application forms through proalong-with NOC issued by the competent authority.  Incomplete application forms and those received after the due date will not be entertail Use additional sheets, if required.	per channel
1.	Name	(in block letters)	
2.	Father	r's Name	<del></del>
3.		ess and other particulars:	
i.	For co	rrespondence (interview call)	
		ct No (Primary)Contact No (Secondary)	
ii.		nent Home Address:	
11,		Ph. No	
iii.		l Addressiv. Genderiv. Gender.	
v.	Distric	ct of Domicilevi. Nationality	
vii.	Marita	al Statusviii. Date of Birth	
ix.	CNIC		

# ISSUE #: 01

#### **QAZI HUSSAIN AHMAD MEDICAL COMPLEX**

(Medical Teaching Institution)

#### **HUMAN RESOURCE**

Employment Form (Non-Doctors)		Tober Pakthunkhun
DOCUMENT #: HR-F-01	ISSU	JF DATF: 01-01-2022

#### 5. Educational Qualification (Starting from Recent One)

Sr. No	Degree/ Certificate	Name of Board/ University	Passing Year	Marks (Obtained/ Total)	Grade/ Division
1.					
2.					
3.					
4.					
5.					
6.					
7.					

6. Employment Record (Starting from the present position):

Sr.	Designation	Designation  Name of Institute Organization  Name of From-To	Period	Total			Reason of Leaving
No	_ 00.g		From-To	YY	MM	DD	Leaving
				Grand Total Exp:			

## THY BER PAKHTUNKHN

#### **QAZI HUSSAIN AHMAD MEDICAL COMPLEX**

(Medical Teaching Institution)

#### **HUMAN RESOURCE**

#### **Employment Form (Non-Doctors)**



ISSUE #: 01 DOCUMENT #: HR-F-01 ISSUE DATE: 01-01-2022

7.	Formal	Training or	r Education
/.	ruimai	II allillig U	Luutaut

Sr. No	Type of Training	Name of Institution	From	Period To	Certificate or Diploma obtained		
					•		
		<u> </u>					
08.Co	omputer Literacy/Cours	<b>es:</b> ii	i	i	ii		
00 La	anguagag(-i/l 10i	- 14 a 1 a 1 t N					
	inguages(withgoodfluencyinw						
i	ii	iii		iv.			
10.	Details of any relatives	working with this	institut	ion:			
S#	Name	Relation		Designation	CNIC No		
	eferences:(Only professional		esare requ	uired)			
Name: Name:							
	gnation:						
	tionship:						
	Year of Acquaintance:		•				
			Contact No:				
Emai	ıı Adaress:	Email	_Email Address:				

## OS MAN AND MEDICAL COM DE SERVICION DE SERVI

#### **QAZI HUSSAIN AHMAD MEDICAL COMPLEX**

(Medical Teaching Institution)

#### **HUMAN RESOURCE**

### Employment Form (Non-Doctors)



ISSUE #: 01 DOCUMENT #: HR-F-01 ISSUE DATE: 01-01-2022

12. List of attested documents attached.		
1.	CNIC	
2.	Curriculum Vitae	
3.	S.S.C DMC & Certificate	
4.	HSSC DMC & Certificate	
5.	Graduation DMC & Certificate	
6.	Master/ Equivalent DMC & Certificate	
7.	M.S/ M. Phil/ Ph.D Certificate	
8.	Registration Certificate (e.g PNC, PEC etc)	
9.	Experience Certificates	
10.	Domicile Certificate	
11.	Research Papers/ Publications	
12.	Original Deposit Slip	
13.		
14.		
15.		
16.		
any) furnishe fraud/fake/bo	y declare that all the entries in this application form, all the additional dalongwith it, are true to the best of my knowledge and begus at any stage then the department has the right to disqualify me froninate my selection/employment/services at any stage.	elief, if found
Name &Signat	ure of the Candidate Dated:	/ /2022